



# Hunters Ridge Pool

## Membership Registration Form

Make checks payable to the City of Gahanna and mail to :  
Gahanna Parks and Recreation Department, 200 S. Hamilton Rd., Gahanna, Ohio 43230



Adult Name (Parent or Guardian): Last: \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Resident Status: Gahanna Resident \_\_\_\_ Non-Resident \_\_\_\_  
Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_  
Type of Membership being purchased (membership rates listed on reverse side) \_\_\_\_\_

*\* Please Print Legibly*

### Participant Information

First Name	Last Name	Age	Birth Date	Male/Female

**\* To be consider part of the household, a person other than the two primary caregivers, over the age of 18, must be enrolled in college in order to be considered part of the household.**

**Please bill my credit card (circle one):** MC Visa

Name of Cardholder

Account Number

Expiration



For and in consideration of the opportunity to participate in the above described Gahanna Parks and Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.

Participant Signature (Parent/Guardian if participant(s) are under 18)

Date